

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22099

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: SILVEROAK HOME HEALTH CARE SERVICE, INC.

**Current Principal Place of Business:**

11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 65-0319528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAEZ-FRELANI, YVONNE  
937 SW 104TH WAY  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, NESTOR E  
11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NESTOR E. RODRIGUEZ      04/18/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SAEZ-FRELANI, YVONNE  
Address: 937 SW 104TH HWY  
City-St-Zip: PEMBROKE PINES, FL 33025

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT      (X) Change ( ) Addition  
Name: RODRIGUEZ, NESTOR E  
Address: 11077 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVS      ( ) Change (X) Addition  
Name: RODRIGUEZ, NESTOR R  
Address: 11077 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DV      ( ) Change (X) Addition  
Name: RODRIGUEZ, MAIRELY  
Address: 11077 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DV      ( ) Change (X) Addition  
Name: SAEZ-FRELANI, YVONNE  
Address: 11077 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR E. RODRIGUEZ      PRES      04/18/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date